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TODAY

Volume 29, Number 3 Spring 2001

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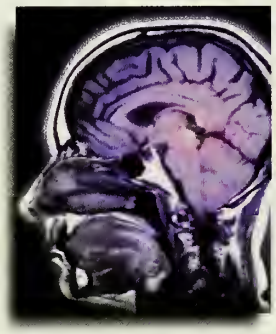

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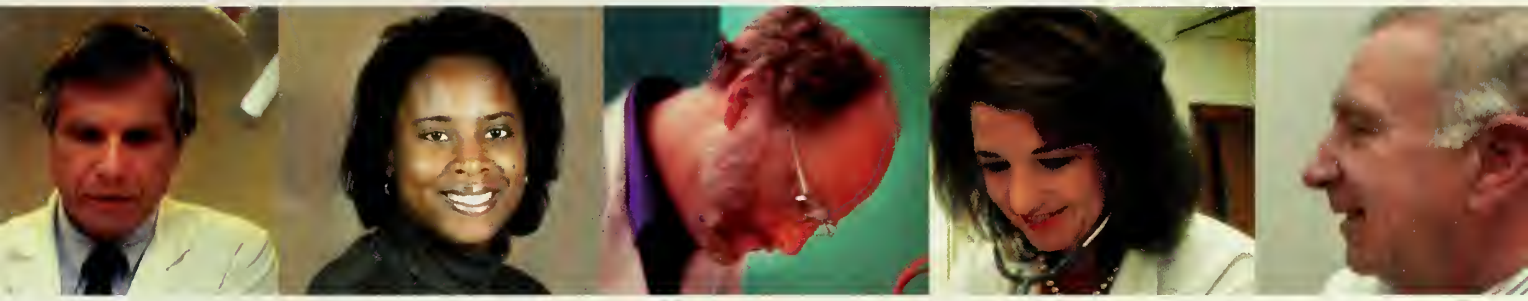

Take a glance around Laura Goins' small home and you'll get an immediate sense of her priorities. The walls are covered with photos of grandchildren and paintings of Jesus. The framed text of a minister's sermon sits atop her television set. Plants spring lushly from pots on the floor.

Her world has become small as she has aged; the 74-year-old widow rarely ventures beyond the front yard she tends so scrupulously. But she surrounds herself with mementoes of a life lived well, and she turns on the TV set when she gets lonely. Visitors are few and far between, so she smiles delightedly when friends stop by on a cold January morning.

The visitors are Medical College of Georgia nursing students. Part of their curriculum places them in the homes of the isolated, medically underserved elderly in the Augusta area. They hug, chat and assess the residents' home for health and safety issues. Ms. Goins, pictured on the cover of this edition of *Medical College of Georgia Today*, values the visits not only for the guidance the students give her about optimizing her health, but because "they give me a chance to see somebody." As you'll see in this edition of *MCG Today*, these visits can be a literal lifeline for this all-too-vulnerable population.

And don't miss our feature on School of Medicine alumnus John Turrentine. A life-threatening accident in high school shaped his approach not only to medicine, but to life in general. He gives a whole new meaning to the concept of standing on one's own two feet.

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AT A GLANCE

Tedesco Chair

The Francis J. Tedesco, M.D., Distinguished Chair in Pediatric Hematology-Oncology has been established in the Medical College of Georgia Foundation, Inc.

Income from the $1 million endowment will help support a new faculty member in the MCG Section of Pediatric Hematology-Oncology and strengthen MCG's initiatives in the care of children with cancer.

"I know of no better way to honor our retiring president, Dr. Francis J. Tedesco, a man who has helped transform the Medical College of Georgia into a world-class provider of health sciences education, biomedical research and patient care," said Dr. William E. Mayher III, chairman of the board of the MCG Foundation, at Dr. Tedesco's Dec. 2 retirement dinner (pictured below). "By establishing these prestigious chairs, the school is given the opportunity to recruit world-class scholars by providing their recipients with opportunities, educational freedom and resources they would be unable to enjoy elsewhere."

Dr. Tedesco, president of MCG since 1988, retired Jan. 31.

"I am honored that so many people have made a commitment to ensure that children with cancer who come to the Children's Medical Center continue to receive excellent care," Dr. Tedesco said. "Luann and I will be forever grateful for the care provided to our daughter, Jennifer, when she was diagnosed with cancer at age 8. The care and compassion provided to our entire family at the Children's Medical Center helped us move through that difficult time and go forward." Jennifer Tedesco Ellis, 24, is now a healthy newlywed.

The genesis for a chair in Dr. Tedesco's honor came nearly a decade ago when he was helping treat Sara Dean Achenbach, the wife of his friend, Gerry Achenbach, the former chairman and president of Piggly Wiggly Southern, Inc., in Vidalia, Ga. The Achenbachs made the first donation toward a chair at that time and an additional donation was made when Mr. Achenbach died in 1996. Additional donations have since been secured to bring the chair's total endowment to more than $1 million, and fund-raising for the chair continues.

The Tedesco chair is the 28th endowed chair established during Dr. Tedesco's tenure to perpetually support MCG's missions of education, research and patient care.

At the Touch of a Button

Prospective students of Georgia's health sciences university have to go no farther than their computers to find essentially everything they want and need to know

about getting an education at the Medical College of Georgia.

Course work prerequisites, applications for MCG's 50 academic programs and much more related information are available by accessing the home page of MCG's Web site (www.mcg.edu).

"It's more convenient, it's immediate, it's how the students live," said Dr. Mike Miller, registrar and associate vice president for the MCG Division of Academic and Student Affairs.

Student admission information has been available on the Web site for a year. But with the summer debut of MCG's redesigned Web site, there is now a button for prospective students on the home page and more information available, including admission requirements for each field of study, course prerequisites, an application, access to an admissions counselor, a link to that field's home page and information about advanced degrees MCG offers in that field. Visitors to the site can have a virtual tour of campus or schedule a real one. The site also includes information about housing, financial aid, Augusta and more.

Support for Fellows

The Medical College of Georgia has formed an Office of Postdoctoral Affairs to support fellows in biomedical research.

"We looked at [nationwide] data that showed that postdoctoral fellows tend to lack the traditional support mechanisms provided to advanced-degree students, despite the fact that they are still in a learning mode," said Dr. Matthew J. Kluger, vice president for research. "Our goal is to help our fellows make this transition from being a student to being a successful, working scientist."

L.D. Newman (above), an assistant legal advisor at MCG with extensive experience in higher-education administration, is director of the office, which opened in August. "We are developing services for these fellows, most of whom work long hours [conducting laboratory research] for meager salaries," said Ms. Newman. The School of Medicine has about 100 postdoctoral fellows, and more are anticipated.

Typically, faculty and fellows find each other without much assistance; established researchers need well-trained support in their labs, and fellows need a seasoned researcher to work with for a couple of years after earning a doctorate. But from that point onward, the new office will provide services to postdoctoral fellows and mentors alike.

"We will develop internal policies and guidelines related to postdoc orientation, compensation and benefits as well as professional skills enhancement and career-development opportunities," Ms. Newman said.

For more information, call the office at (706) 721-9516 or visit the research section of MCG's Web site: http://www.mcg.edu./research.htm.

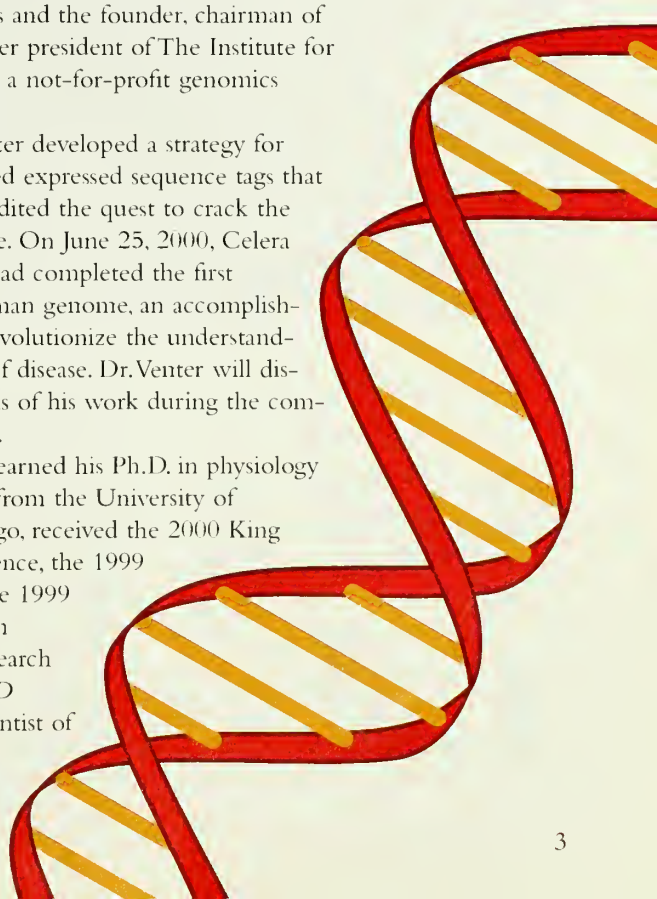
Commencement Speaker

Dr. J. Craig Venter, the co-founder of a company that completed the first assembly of the human genome, will deliver the Medical College of Georgia commencement address May 4 at 2 p.m. at the Augusta-Richmond County Civic Center.

Dr. Venter is president and chief scientific officer of Celera Genomics and the founder, chairman of the board and former president of The Institute for Genomic Research, a not-for-profit genomics research institution.

In 1990, Dr. Venter developed a strategy for gene discovery called expressed sequence tags that simplified and expedited the quest to crack the human genetic code. On June 25, 2000, Celera announced that it had completed the first assembly of the human genome, an accomplishment that should revolutionize the understanding and treatment of disease. Dr. Venter will discuss the implications of his work during the commencement address.

Dr. Venter, who earned his Ph.D. in physiology and pharmacology from the University of California, San Diego, received the 2000 King Faisal Award in Science, the 1999 Beckman Award, the 1999 Chiron Corporation Biotechnology Research Award and the *R&D Magazine* 1998 Scientist of the Year Award.



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Dr. Rahn Named President

Dr. Daniel W. Rahn, vice dean for clinical affairs in the Medical College of Georgia School of Medicine, senior vice dean for medical affairs and chief medical officer for MCG Health, Inc., has been named president of the Medical College of Georgia effective June 1.

University System of Georgia Chancellor Stephen R. Portch announced March 7 that the Board of Regents chose Dr. Rahn after a highly competitive national search for a successor to Dr. Francis J. Tedesco, president of MCG from 1988 to January 2001. Dr. Julius S. Scott Jr., (inset) past president of Augusta's Paine College, is serving as MCG's interim president until June.

"I am pleased that Dr. Rahn emerged as the top candidate in our national search for a new president at MCG," said Dr. Portch. "He is a superbly qualified candidate with sterling credentials who has earned the full support of the regents. His outstanding medical experience and administrative skills are a tremendous complement to his thorough knowledge and understanding of today's competitive health care environment. Under his leadership, MCG should prosper and move to a new level of national recognition."

Dr. Rahn earned his medical degree in 1976 from Yale University. He completed his medical residency at Yale-New Haven Hospital and a rheumatology fellowship at Yale. He joined Yale's faculty in 1979, then worked in private practice from 1981 to 1988. He rejoined Yale in 1988 as the clinical director of the university's Lyme Disease program, director of clinical training in rheumatology and director of faculty practice for the Department of Internal Medicine.

He joined MCG in 1991 as program director of the internal medicine residency program and vice chairman and director of clinical affairs for the Department of Medicine. He was named vice dean in 1995, director of the Center for Healthcare Improvement in 1998 and senior vice president and chief medical officer for MCG Health, Inc. in 2000.

Dr. Rahn has received several research grants during his career to study Lyme Disease. He has volunteered for many medical missions to Ukraine, Ecuador and Nigeria and was named one of *America's Top Doctors* in the 2000 edition of Castle Connolly Guide.

He is a reviewer for *Annals of Internal Medicine, The New England Journal of Medicine, Journal of the American Medical Association, Journal of Rheumatology, American Journal of Family Practice* and the *American Journal of Medicine.*

He is a fellow of the American College of Rheumatology and the American College of Physicians and a member of the American College of Physician Executives, the American College of Physicians and the Southern Medical Association.

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Ruth Jefferson excuses herself for a moment after inviting visitors into her South Augusta cinder-block home. She makes a quick trip to the mirror, straightening her hair and tugging any wrinkles out of her blouse. She quickly rejoins her guests in her living room and, smiling brightly, invites everyone to have a seat. When they demur, she insists. She's particular about her appearance, her home, her guests' comfort.

You'd think she would have more pressing concerns. Ms. Jefferson, 64, has lost most of her vision and relies on dialysis three days a week to compensate for her failed kidneys. She is diabetic and has high cholesterol. She lives well below the poverty level but somehow manages to feed and clothe the grandchildren she has been raising since her daughter died two years ago. She has grieved the untimely deaths of six of her 10 children. Her 96-year-old mother lives next door, and Ms. Jefferson takes home-cooked meals to her daily. So life is not easy. But right now, she has guests in her home, and her only concern is to make them feel welcome.

Actually, the visitors are there to help *her.* The Medical College of Georgia School of Nursing has a geriatrics class that supplements classroom instruction with immersion in the lives of some of the community's most vulnerable citizens.

The class, directed by Cathy Green, assistant professor in the Department of Community Nursing, sends junior nursing students in pairs to the homes of older, medically underserved Augusta residents referred by the Neighborhood Improvement Health Center. The students—who visit each resident six times—follow a set of guidelines, including reviewing medications and measuring vital signs, to assess health and safety issues. The guidelines were developed from the *Best Nursing Practices in Care for Older Adults,* written by the John A. Hartford Institute for Geriatric Nursing at New York University's Division of Nursing.

On this cold January morning, students Stephanie Blanks and Tara Wittler are visiting Ms. Jefferson, checking her blood pressure and blood sugar, asking about the toothache that has plagued her for a week, noting that her eyeglasses are broken and generally just checking in.

"I'll be looking out for you."

Christine Hurley Deriso

Nursing students Tara Wittler (left) and Stephanie Blanks check Ruth Jefferson's blood pressure.

Terri DeFusco (center) and Brooke Newton check Laura Goins' prescriptions (left) and blood sugar (below).

pound of butter in it."

She talks about her recipe for chicken wings, then laments her recent failed attempts to teach her grandchildren how to cook. "I don't think they'll ever learn," she says with mock exasperation. "I tried to teach them how to cook grits, and they said, 'But, Mama, they're popping!'"

She laughs at the annoyance, noting that even if her grandchildren learned to cook, she'd still insist on making their meals. She's so accustomed to taking care of others that her own needs are barely a blip on her radar screen. That's typical of the elderly, Ms. Green notes, and one reason the nursing students' services are so vital.

"We are learning how to help the elderly overcome some of their hindrances, such as financial issues and functional issues," she says. "We're teaching them how to manage the activities of daily living given their physical limitations."

Many of these older adults are impoverished and relatively isolated, Ms. Green said, and their problems might go unnoticed in a doctor's office. For instance, the first thing nursing student Ben Jordan noticed when he visited an elderly woman for the first time was that her refrigerator was leaking water onto an electrical cord. "I could just imagine her home bursting into flames

"Have you made a dentist's appointment, Ms. Jefferson?" Ms. Blanks asks.

"Going in two days," Ms. Jefferson responds, then brushes aside the students' concern that she'll have to live with the pain for two more days.

"Put the Lord in front, baby," she counsels. "There's two people here: myself and God. He's with me all the time. Now, remember that."

After checking on Ms. Jefferson's health, the conversation wends seamlessly to cheerier topics. Cooking, for instance....

"I put a pound cake in the oven this morning," Ms. Jefferson says. "Put a

in the middle of the night," says Mr. Jordan. He also noted that she needed eye glasses, smoke detectors and better nutrition. He contacted a social worker, and after a flurry of phone calls, the woman was soon the recipient of donated glasses, a smoke detector provided by the fire department, food stamps and a repaired refrigerator.

"I got the real picture," Mr. Jordan says. "Some of these people rarely meet anybody who might be able to help them, except for an occasional visit to the doctor's office, and they tend to dress up for a doctor's visit, if you know what I mean."

His first visit to the woman's house was a bit formal, but once she got to know him, she warmed up dramatically. "She opened up and told me about what's really going on with her," Mr. Jordan says. "After the second visit, instead of just opening the door, she'd open the door and give me a big hug."

Some of the visits go beyond simply improving the elderly patients' lives; some of the contacts may make the difference between life and death. For instance, two of Ms. Green's students recently visited an elderly couple's home and smelled smoke. Food in a toaster oven had been forgotten and was burning. The husband panicked, and the wife—wheelchair-bound with Alzheimer's disease—was oblivious. The students calmly removed the burning food and doused the flames.

Another student, Pat Tornow, took the initiative to provide his patients with Vials of Life, donated by Wal-Mart. The vials contain lists of patients' medical histories and medications, so that the information is readily available during an emergency. Only days after giving his patients the vials, one went into a hypoglycemic coma. "It happened within a week of me putting the Vial of Life into the refrigerator for her," Mr. Tornow says. Because of the gift, the emergency medical technicians immediately assessed the situation and treated the patient accordingly. Today, she's doing fine.

"Because of his initiative, she was able to get the treatment she needed," Ms. Green says. "To me, that's real professionalism. He saw what she needed and he made it happen."

Likewise, nursing student Pam Williams recently called an elderly diabetic woman to confirm an appointment. While on the phone, the patient confided nervously that her blood sugar level had soared dangerously. Ms. Williams urged her to go to the emergency room immediately, but the woman demurred. She didn't want to bother her adult son by asking him to take her to the hospital; besides, she added sheepishly, she had a hard time getting into his truck.

"I finally talked her into getting her son to help her into the truck and take her to the hospital," Ms. Williams says. "She was diagnosed with a kidney infection and was put on a different medication." Crisis averted.

Other problems are more mundane but can seriously affect quality of life. For instance, nursing student Janet Carlton helped find a new wheelchair for a man whose previous model was missing a leg and held together by duct tape. "The wheelchair had actually been run over by a car, but he was still using it because he didn't think he had any other options," Ms. Carlton says.

The students not only apprise the patients of their options, but they give them the means to continue helping themselves long after the class has ended.

"The only thing I feel bad about is that we can't do more," says nursing student Sarah Shaffer. "We had to learn that we can't do everything. We just have to point people in the right direction."

During a recent home visit, she met a patient who had medical benefits but didn't know how to use them. "She's on a very limited income and was paying out of pocket for doctor's visits and prescriptions that were covered by her insurance," Ms. Shaffer says, who eased her financial burdens considerably when she helped her tap into the benefits that were available to her all along.

Without the students' efforts, Ms. Green notes, these problems might go completely unnoticed. "This is a hidden population," she says. "Nobody sees them because they're at home all the time. This may be the first time anybody has positively impacted their lives in a long time."

Even those with spouses often struggle in isolation, she says, particularly if the spouse is incapacitated with illnesses such as Alzheimer's disease.

"I worked with a woman who took care of a husband with Alzheimer's disease," says nursing student Michelle Thorstard. "She wasn't taking care of herself at all. All her efforts went to her husband's care. Her family lived in Pennsylvania, so she had no help."

Ms. Green says such logistical dilemmas are increasingly common in today's highly mobile society. "We have Mom and Dad dealing with an overwhelming situation and the kids are six states away. And many elderly people won't ask for help anyway. They don't want to be a burden."

Despite the often-daunting circumstances the students encounter, they come away from the course inspired rather than discouraged, Ms. Green says. "They have realized that what they are doing is valued," she says. "It's opening their eyes and making them more aware of the difference they can make, even in small ways."

"If anything, this course has made my commitment stronger," Mr. Turnow says. "I know this is where I want to be."

As for Ms. Jefferson, she graciously accepts the nursing students' help but counsels them not to worry about her. She's fine, just fine, she assures them. True, she's basically housebound except for her trips for dialysis treatment, but she doesn't mind. She needs to be home for her grandchildren and her aged mother. She notes, "You never know when my mama will call and say, 'Baby, I'm on my way. I'm walking down the hill to come see you.' And I say, 'Come on, Mama. I'll be looking out for you.'"

On His Own Two Feet

Christine Hurley Deriso

Dr. John Turrentine's first patient was himself.

He trusted his real doctors and respected their opinions, but Dr. Turrentine, then 15, sensed that he knew his body better than they did. Besides, the stakes were so high. If he listened to his doctors, he would have to accept that he would be crippled for life.

Not an option.

Dr. Turrentine, a 1979 graduate of the Medical College of Georgia, has always had a streak of feisty determination. But the depths of his will power went untapped until he crashed his motorcycle into a ditch while in high school. "I kept hearing a rattling sound [coming from the back of the motorcycle] and I turned around to see where it was coming from," he recalls. "I hit a curve, lost control, sideswiped a telephone pole and was thrown into a ditch."

As he lay helpless in the ditch, he pondered a thought that few teens contemplate: his own mortality. "I really thought I was going to die. I was bleeding profusely and felt myself fading. I began to pray."

The Turrentine family (below, clockwise): John, Joe, Mary Ann, Jake, Dot and PJ.

Soon, a neighbor found him and got hold of a nurse. The nurse rushed to him and tied a tourniquet around his worst wound to staunch the relentless blood loss. The wound was where his left foot used to be.

The crash had severed the foot, which now dangled from his leg by his Achilles' tendon. By the time he got to Atlanta's Piedmont Hospital, his body seemed mangled beyond repair. Not only was his foot severed, but his thigh was ripped so violently that the femur had broken through the skin.

The hospital staff wasted no time. A vascular surgeon, orthopedic surgeon, anesthesiologist and other specialists rushed to somehow put this boy back together again. Surgeons painstakingly reattached the salvageable pieces of the foot, securing it with a brace. "It was one of the first foot reattachments at Piedmont Hospital," Dr Turrentine says of the 1968 surgery.

But soon after the surgery, infection set in and the doctors decided to amputate the left leg under the knee. Then, one of the doctors reconsidered at the last minute. The infection was clearing up, he noted, and maybe, just maybe, the reattachment would take....

Dr. Turrentine was virtually bedridden for the next few months. Finally, he progressed to a wheelchair, with the brace still securing his foot to his leg. The foot no longer had an ankle—"there's a hole where my ankle used to be," he says—and the doctors felt that any pressure on it would spell doom. "They told me that if I walked again, it would be with a leg brace," says Dr. Turrentine.

The prospect was devastating. He was only 15, an energetic kid and talented athlete. Now, rather than playing football, he was being carried up school stairs by his former teammates and placed into a wheelchair. As much as he appreciated people's kindness, he was tired of having doors opened for him and seeing the world from the vantage point of a chair. "I just wanted to be normal."

One evening at a football game—a game he now watched from the bleachers—a sudden rainstorm soaked him completely, including his leg brace. The leather on the brace began to shrink and impede the circulation in his leg. So when he went to bed that night, he took it off.

"The next morning, I decided to put a little pressure on my foot," he says. "It gave me the idea that I could do it, so I started putting more and more pressure on it. The foot was like a stick—no muscle—so it was a slow process. But I kept putting pressure on it. A few weeks later, I walked into the doctor's office without the leg brace. All he could say was, 'Whoa!'"

Walking led to running. By the time he graduated from high school, the teen who was supposed to be crippled for life was running marathons. "My school had a contest to see who could be the first to run 1,000 miles in three months," he says. "I won."

Medical science today has validated Dr. Turrentine's hunch; he saved his foot by coaxing it, little by little, to resume its normal functions. Today, the foot is fully functional other than its inability to turn inward. "The medial portion of my leg was torn out in the accident, so I can't cut with my foot," he says. "Tennis is out. I have to do things that require going straight ahead."

Even the nerves in his foot have regenerated. "For nine years, I had no sensation in my foot; you could have struck a match on it and I wouldn't have felt it. Then the feeling came back."

His left leg is slightly shorter than the other, and he has to exercise regularly to hold arthritis at bay—but that's no sacrifice at all. He laughs that he eats the dust of his 15-year-old son, a cross-country runner, but Dr. Turrentine is no slouch himself. He regularly runs, swims and exercises on a stair-climbing machine.

Dr. Turrentine, his wife and their four children live in Elkin, N.C., where he practices obstetrics and gynecology. He is never short on empathy when patients suffer from pain or disability. "I feel for them. I've been there," he says. "I learned the hard way that disabled people want to do things for themselves and be treated as equals. And my experience has made it easier for me to diagnose [the source of] pain. When patients describe it, I know exactly what they're talking about."

Dr. Turrentine's wife, Dot, notes her husband's unique perspective as a patient-turned-physician. "He was a patient for so long that he realizes doctors only have parameters; they don't have all the answers," she says. "Some of the best orthopedic surgeons in the world told him he'd never walk again. He knows that even if something happens nine times out of 10, his patients may be in that 10 percent. He has a lot of faith in God and in miracles."

And when Dr. Turrentine's patients aren't the beneficiaries of a miracle, he tenaciously protects their quality of life. He knows that even slight impairments can significantly alter one's daily routine. For instance, he recently completed advanced training at Emory University in urogynecology to better treat urinary incontinence, a common problem of women who have given birth. He maintained a private practice in Dalton, Ga., during the training and commuted to Elkin in his single-engine plane.

Dr. Turrentine has authored two textbooks about obstetrics and gynecology, including *Clinical Protocols in Obstetrics and Gynecology* (Parthenon Publishing Group), the best-selling medical textbook of 2000. The new millennium also brought another form of celebrity: He recently was featured as a medical miracle on the PAX network, which documented his accident and rehabilitation.

"They even tracked down the wife of the man who found me after the accident and the nurse who came to help," Dr. Turrentine says. "They also interviewed the only surviving member of my surgical team."

Was it painful for him to relive the ordeal through the documentary? Not at all. "When I look back, I realize I was never focused until that accident," he says. "My life changed that day."

PLAN OF ATTACK

Toni Baker

A mother's immune system may attack a fetus from multiple fronts, by sending in killer T-cells, by producing antibodies that target fetal cells or by coating cells with a destructive, soluble blood factor called complement, according to researchers at the Medical College of Georgia.

The grim attack described by researchers may surprise immunologists who would expect the T-cell attack, but not complement, the lethal component of an immune response that more typically would attack invaders such as viruses and bacteria coated by antibodies made by B-cells.

"We now know that the nature of the attack is somewhat different than we had assumed," said Dr. Andrew L. Mellor (below), immunologist and chief of the MCG Program in Molecular Immunology. "We assumed that the maternal T-cells would get activated by fetal antigens, expand in number, then start to kill fetal cells—and we cannot exclude that at this point."

But in research published in the January issue of *Nature Immunology*, they also found deposits of complement—a component of the immune system that neutralizes foreign objects such as invading bacteria or viruses coated by antibodies. In a normal immune response, T-cells come in to attack and destroy viral-infected cells while antibodies and complement attack bacteria and viruses still floating around in the bloodstream. Antibodies coat viral cells, activating the complement deposition and eventually killing the virus.

"What has not been resolved by our research is the connection between activating the maternal immune response and, as an end point, depositing complement," Dr. Mellor said. "The broad assumption has been that there is not a connection between T-

cells and complement."

To further explore new evidence that there may be, the MCG researchers already are looking at a model with a factor produced by T-cells that may activate the complement. They say the increased understanding of the maternal immune system's response has implications for better understanding recurrent miscarriages as well as for developing drugs that can manipulate the localized response to help a transplant patient keep his new organ and to help a cancer patient "reject" his tumor.

The MCG research team, led by Dr. Mellor and Dr. David Munn (above), described in the August 1998 edition of *Science* a mechanism for localized suppression of the mother's immune system that enables the fetus to escape attack. They found that during pregnancy, cells in the placenta trigger an isolated suppression of the mother's immune system so it doesn't reject the genetically foreign fetus. The cells express the enzyme indoleamine 2,3-dioxygenase, or IDO. IDO disables the immune system by degrading tryptophan, an amino acid essential to the survival of T-cells. When they blocked expression of IDO, pregnant laboratory mice invariably rejected the fetuses.

The researchers were further exploring the results of blocking the protective mechanism when they found the unexpected immune system response.

When they blocked the IDO mechanism, they found that complement was involved in destroying the fetus. To determine if antibodies would explain the presence of complement, they looked at a mouse model with no maternal B-cells, the cells that make antibodies. Still, the complement appeared to destroy fetal cells. "What that tells us is that T-cells somehow cause complement to be activated and deposited, which is a departure from classic immunology," Dr. Mellor said.

Researchers from Washington University in St. Louis, who are co-authors of the study, first showed laboratory evidence that complement could attack the fetus in the February issue of *Science*. They reported that mouse fetuses without complement inhibitory factor—needed to protect all cells from complement attack—died due to complement deposition.

"The complement deposition opens a completely different way of looking at how the immune system response causes tissue damage and destruction," Dr. Mellor said. "The implication is that maybe we should look for complement deposition whenever we suspect T-cells might be activated." For example, it has been assumed that T-cells destroy transplanted organs, and complement may have a role as well, he said.

Related work in tumor immunology, being done in collaboration with investigators at H. Lee Moffitt Cancer Center and Research Institute at the University of South Florida, indicates that tumors are using some of the same mechanisms the fetus uses to escape the immune system. Early studies have shown when the IDO mechanism is blocked in tumors, tumor growth isn't impacted much, but complement deposition occurs, indicating that the abnormal growths may be susceptible to complement-mediated destruction, Dr. Mellor said.

The National Institutes of Health and the Carlos and Marguerite Mason Trust provide funding for Drs. Mellor and Munn's research. The latter recently established a $1.5 million Carlos and Marguerite Mason Chair in Transplant Surgery and Immunology to strengthen the university's research and clinical initiatives in organ transplantation.

"We are pleased to continue to provide support to important research at the Medical College of Georgia that may improve the success of transplanted organs and so improve patients' lives," said Beverly Blake, senior vice president for the trust.

DISAPPEARING ACT

Toni Baker

Dr. Anatolij Horuzsko (left) with research fellow Dr. Siyuan Liang

A molecule that emerges when a fertilized egg is implanted then disappears when the baby is born may help improve the success of organ transplants, according to Medical College of Georgia researchers.

Dr. Anatolij Horuzsko is defining the role of the human leukocyte antigen, HLA-G, in the complex process of protecting a fetus from rejection by the mother's immune system.

As the reproductive immunologist dissects HLA-G's role in protecting a fetus—which gets half its genetic makeup from the father and so should be targeted as foreign by the mother's immune system—he is finding clues to helping transplanted organs survive as well.

"This is some kind of suppression that is not a general suppression," Dr. Horuzsko said, and fortunately so. If the mother's entire immune system was suppressed for nine months, she would be at risk for countless infectious diseases and abnormal growths such as tumors. That's the situation for transplant patients, who must take drugs that generally suppress their immune systems as long as they have their donated organs.

But the immunosuppression that naturally occurs in a pregnant woman is localized and short-lived, found only where mother and developing baby meet and ending when the baby is born.

HLA-G's appearance and activity mimics that. It is apparently produced by the new life just as it implants on the uterine wall. Levels fall off, then disappear, as childbirth nears, prompting speculation and research that the molecule may help determine when a baby is born as well, Dr. Horuzsko said.

To better define HLA-G's role in avoiding fetal rejection, Dr. Horuzsko designed an animal model with a special promoter that enables it to express HLA-G throughout its body. He does tiny skin grafts on transgenic mice and normal mice and has found that, even in the case of a poorly matched donor, HLA-G essentially doubles the survival rate of transplanted tissue.

The findings hold up even in mice specially bred with high levels of antigens, substances that grab the attention of the immune system. "We are talking about a mouse model for skin rejection that has a strong rejection mechanism. Still, we can see that the HLA-G transgenic mice have prolonged graft survival," Dr. Horuzsko said.

In addition to watching for physical signs of graft rejection, he gets objective evidence of immune activity by measuring the level of cytotoxic T-cells, the cells the immune system send in to help destroy foreign substances.

"We know that a rejection mechanism involves cytotoxic T-cells, so we measure those in a situation where there is strong rejection and where there is not," he said. He has documented the correlation between strong rejection and high cytotoxic T-cell levels.

But he has found something else in his transgenic mice that likely is key to HLA-G's role in locally suppressing a mother's immune system. "We found an interesting phenomenon, a defect of maturation in the antigen-presenting cells that signal the T-cells to get to work," Dr. Horuzsko said. He is now studying the defect.

"We don't know yet exactly the mechanism for HLA-G, only the one part that affects antigen presenting function, but that's a major part," he said. He believes the molecule's role in enabling a fetus to survive by localized suppression of the mother's immune system holds great promise for transplant patients. "This is the future," he said.

Dr. Horuzsko's research is funded by the MCG Research Institute and the Carlos and Marguerite Mason Trust.

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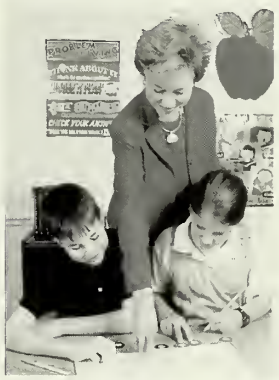

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SMOOTHING THE PATH

Toni Baker

Medical College of Georgia researchers have identified a potential new pathway for treating erectile dysfunction that focuses on decreasing contraction of smooth muscles—rather than enhancing their relaxation, which is how drugs like Viagra work.

In an animal model, researchers have used the experimental drug, Y-27632, to block Rho-kinase, an enzyme key to smooth muscle contraction; the result was an immediate, sustained erection.

"It's a dramatic response that leaves us hopeful we have found a potential new approach to treating erectile dysfunction," said Dr. Thomas M. Mills, MCG physiologist and investigator on the study published in the January issue of *Nature Medicine*.

The research also received the Jean Francois Ginestie Prize for the best basic science manuscript presented at the 9th World Meeting on Impotence Research held in November in Australia by the International Society of Impotence Research.

Erectile dysfunction treatment has focused on triggering smooth muscle relaxation to produce an erection rather than blocking constrictors, said Dr. Ronald W. Lewis, chief of the MCG Section of Urology and consultant on the Y-27632 study. "We are very excited about this research because it takes a unique approach that has not been looked at before."

Contrary to the rest of the body, blood pressure and blood flow inside the penis

increase when smooth muscles relax; increased blood flow produces an erection. Nitric oxide, a gas that helps regulate blood pressure by enabling relaxation of blood vessels, is key as well to relaxing the penis' smooth muscle, Dr. Mills said. Consequently, most drugs used to treat erectile dysfunction, such as Viagra, work by prolonging the effect of nitric oxide and thereby enhancing its activity.

However, MCG researchers have taken nitric oxide out of the equation, focusing instead on the body's extremely effective mechanisms for keeping the penis in its more typical, flaccid state. "Most of the time, the penis is not erect," Dr. Mills said. "That means there are things that keep the smooth muscle contracted and keep the penis flaccid most of the time."

He and fellow researchers believe that the powerful, known vasoconstrictors norepinephrine (noradrenaline) and endothelin 1 are major players in keeping the penis' smooth muscles contracted. These vasoconstrictors work by activating an enzyme called myosin light chain kinase, which adds a phosphate to myosin, a major protein involved in contraction. Another enzyme, myosin phosphatase, removes phosphate, promoting relaxation.

"There is always a balance in this tissue between constriction, which keeps the penis in the flaccid or non-erect state, and relaxation of the smooth muscle, which produces an erection," Dr. Lewis said.

Norepinephrine and endothelin 1 activate the kinase, resulting in contraction. "They may also increase Rho-kinase activity, which inhibits phosphatase that would normally take off the phosphate and cause relaxation," Dr. Mills said.

In the laboratory, the researchers are blocking Rho-kinase activity with Y-27632 so the smooth muscle tissue can relax.

"We really think that in the penis, these vasoconstrictors are being released all the time, because something has to keep blood vessels constricted and erection turned off," Dr. Mills said. Now they want to understand what causes the constant production of constrictors and how an erection naturally occurs in the presence of such activity.

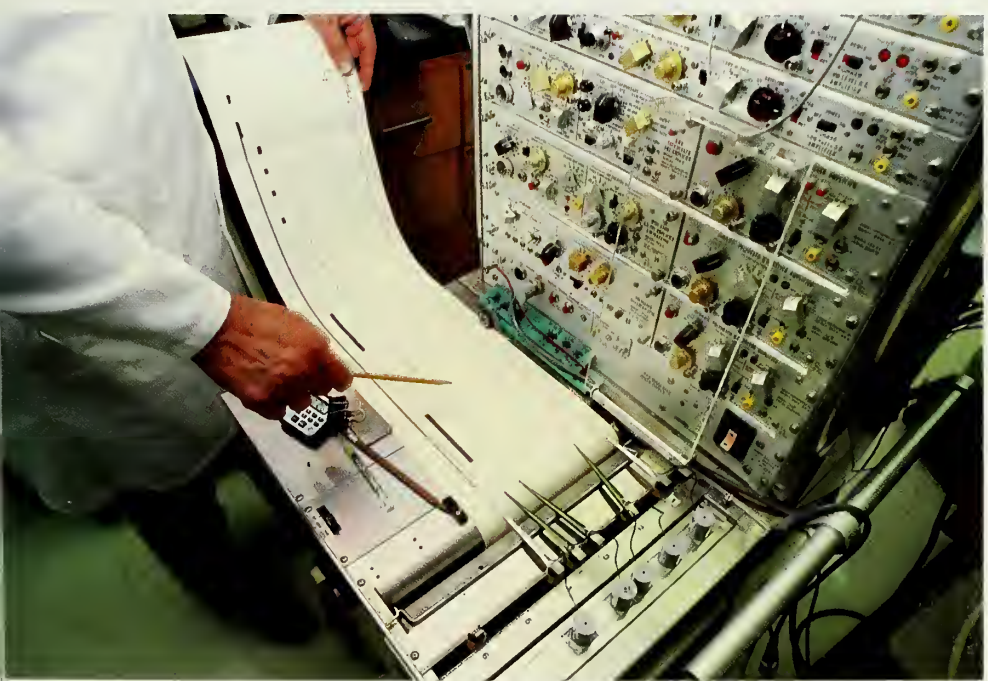
"We are trying to figure out how in the body these endogenous vasoconstrictor mechanisms are being shut off in order for nitric oxide to be effective and an erection to occur," said Kanchan Chitaley, a graduate student in physiology at the University of Michigan who is first author of the article. Ms. Chitaley came to MCG from the University of Michigan last January with Dr. R. Clinton Webb, chairman of the MCG Department of Physiology.

When Dr. Webb came, he brought with him Y-27632, produced by the Welfide Corp. in Osaka, Japan. He is studying its potential for treating a wide range of hypertension, and he and Dr. Mills decided to test its effect on erectile dysfunction as well.

Study results published in *Nature Medicine* are based on injecting Y-27632, but the MCG researchers already are looking at a topical application.

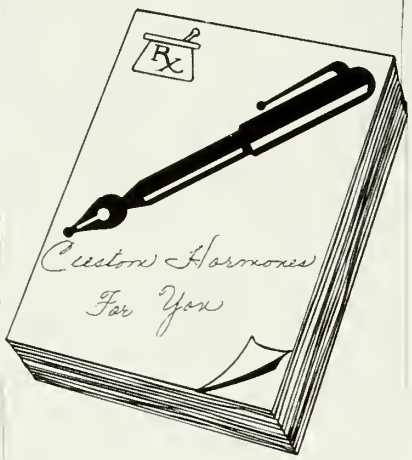
Despite the effectiveness of drugs such as Viagra that enhance relaxation, a lot of men are not helped by any available medication; for some men, penile implants are the only option and many don't consider that a viable one, said Dr. Lewis, who just completed a two-year term as president of the International Society of Impotence Research.

Dr. Lewis, who was involved in early studies of Viagra, said the drug has proven effective in 60 to 70 percent of the general population and about 40 percent in specific groups such as diabetics or men who have had radical prostate surgery.



Graduate student Kanchan Chitaley (opposite page, from left), Dr. Thomas M. Mills and flow cytometry specialist Vivienne Stopper.

Natural Hormone Replacement



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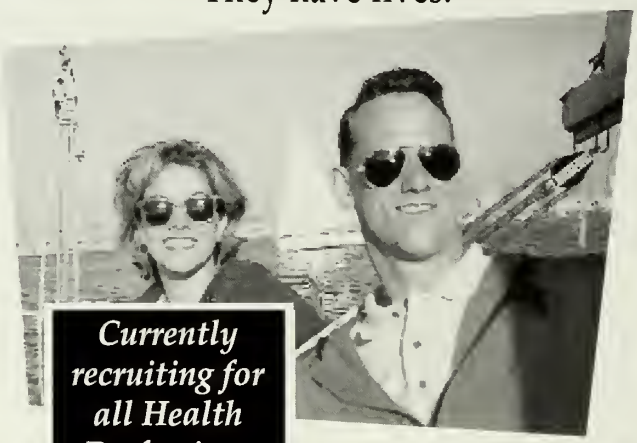

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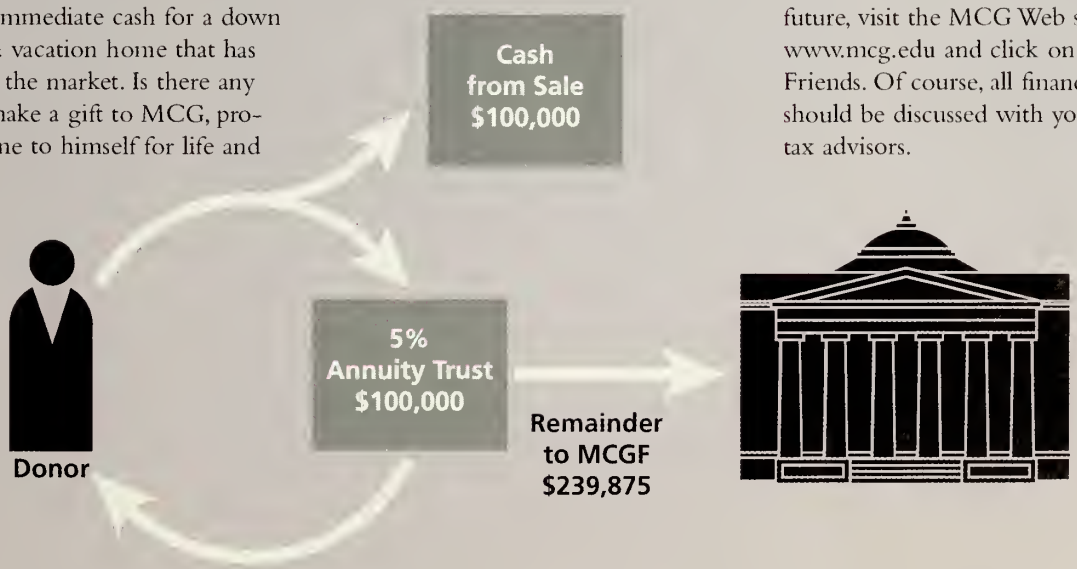
Mr. Doe owns $200,000 worth of XYZ Corp. stock that despite some price drop is still highly appreciated from the $40,000 he paid for it 10 years ago. From previous discussion with the Medical College of Georgia Planned Giving Office, Mr. Doe knows he can protect the full amount of the XYZ Corp. appreciation from capital gains tax, take a current income tax deduction and secure an income for life for himself by using the stock to make a gift to MCG in the form of a life-income gift.

Mr. Doe wants to make this gift quickly while he still has the gains in the XYZ Corp. stock, but he also needs $100,000 in immediate cash for a down payment on a vacation home that has just come on the market. Is there any way he can make a gift to MCG, provide an income to himself for life and purchase that vacation home using just the XYZ Corp. stock?

Yes, Mr. Doe can accomplish all of these things by selling enough stock to raise the desired cash and donating enough stock into a life income plan at MCG that the resulting income tax savings sufficiently offsets the capital gains tax owed on the sale of the stock. Assuming he is in the 39.6 percent tax bracket, the diagram below shows how this arrangement works. Mr. Doe sells $100,000 worth of XYZ Corp. stock. This triggers $16,000 in capital gains tax. He then funds a Charitable Annuity Trust benefiting the MCG Foundation with the remaining $100,000 of XYZ Corp. stock. This produces an immediate income tax deduction of $62,472, which more than offsets the capital gains tax. This is reflected in the net cash he receives in this arrangement of $108,739.

Additionally, the Charitable Annuity Trust will provide a guaranteed income of $5,000 to him for life while ultimately providing a gift to MCG that is projected to be in excess of $230,000! The total after-tax income and projected gift to MCG amounts reflected in the diagram are based on his life expectancy of 14 more years. However, the $5,000 annual income is guaranteed for life and will be paid, regardless of how long Mr. Doe lives.

To discuss how you can protect and benefit fully from appreciation in your portfolio while realizing cash now, income later—or both—call me, Troy Breitmann, at the MCG Office of Planned Giving at 1-800-869-1113 or e-mail tbreitma@mail.mcg.edu. To explore more options for making gifts to MCG while protecting your financial future, visit the MCG Web site at www.mcg.edu and click on Alumni and Friends. Of course, all financial decisions should be discussed with your legal and tax advisors.



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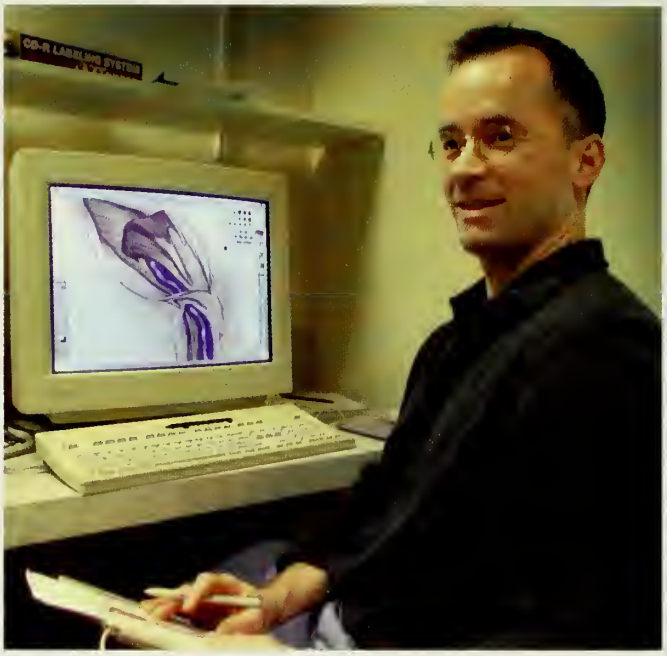
Medical Illustrator Merges Art, Science and Computers

Christine Hurley Deriso



A Medical College of Georgia faculty member is helping students master the three areas of expertise that have become mandatory in the field of medical illustration: art, science and computers.

Medical illustration—creating visual information related to the health field—has always consisted of equal measures of art and science, according to John Foerster, assistant professor in the Department of Medical Illustration and chief medical illustrator in the Division of Health Communications. But now, the field can be almost equally apportioned with a third element: computers.

"We had no computer curriculum whatsoever when I was in school [at the University of Michigan Department Graduate Program in Medical Illustration]," Mr. Foerster said. "We were actually even forbidden to use the computers in our department. But I had a natural interest; I did everything I could to get access to the computers on campus. I liked pushing the envelope and seeing what could be done on computers. I knew they were the coming thing."

Mr. Foerster brought that love of computers to MCG when he joined the medical illustration faculty in 1995. "When I came here, computers were a rudimentary part of the curriculum; there were four slow computers for 16 students and an hour of computer instruction a week," he said. "[Steve Harrison, chairman of the department] and I overhauled the curriculum and brought it in line with the new technology."

Dr. Biagio Vericella, dean of the School of Allied Health Sciences, had only a limited amount of funding for the considerable investment, but he wasn't dissuaded. "The dean was great. He went out and found special funding to pay for it," Mr. Foerster said. "Now, we have a nice computer lab and a curriculum that reflects what's going on in the field."

Mr. Foerster stresses that computers, despite their newfound prominence in his field, are only a tool. "No computer program makes you a better artist," he said. "It just makes the work easier."

He helped develop the first textbook with text and illustrations produced solely on computer when he was on the faculty of the Colorado State University Department of Medical Illustration in the early 1990s. "But it wasn't until around 1994, when RAM got cheaper, that artists could really paint and draw on the computer," he said.

Now, computers can enhance or simplify the steps associated with virtually any art form. This is particularly important, he noted, for medical illustrators, who often work under tight deadlines with little margin of error to produce medical images for employers such as textbooks publishers, physicians and attorneys.

The biggest problem with computers, Mr. Foerster said, is cramming the voluminous related instruction into the department's two-year curriculum. "It's hard finding the time to teach our students everything they need to know about art, science and computers in two years," he said. "But we want to expose them to everything they'll encounter in the field. Our primary focus is still on developing problem-solving skills and a strong medical science background. That's what sets

us apart and adds value to our program."

Despite the jam-packed curriculum, MCG's medical illustration students—approximately nine in each class—are up to the challenge, he said. "Our students are extremely bright and talented...a pleasure to deal with."

Mr. Foerster recently rejoined the faculty after focusing on free-lancing for 18 months. He will spend half his work hours teaching and the other half providing medical illustration service for the faculty.

Homecoming Scheduled

The following activities will be held for alumni, faculty and students during Homecoming April 26-29. For more information, call the MCG Alumni Office at 1-800-869-1113, or visit our Web site at www.mcg.edu/Alumni/Homecoming.html.

Thursday, April 26

School of Graduate Studies Alumni Association board meeting, noon, MCG Alumni Center

Friday, April 27

School of Dentistry Alumni Association business meeting, 9:45 a.m., Radisson Riverfront Hotel

Campus tours, 10 a.m., MCG Alumni Center

Goldstein Lecture and luncheon/School of Dentistry Alumni Association

Distinguished Alumnus Award presentation, noon, Radisson Riverfront Hotel, $25 per person for luncheon only

School of Allied Health Sciences Alumni Association luncheon, noon, Old Medical College, $12 per person

School of Medicine Dean's Reception, 5:30-7:30 p.m., Old Medical College

School of Medicine Alumni Association banquet, 7:30 p.m., Old Medical College, $35 per person

Saturday, April 28

MCG Foundation Development Committee meeting, 8:15 a.m., MCG Alumni Center

School of Medicine Alumni Association board meeting, 9:30 a.m., MCG Alumni Center

Student Government Association cookout, 11:30 a.m. to 2:30 p.m., MCG Alumni Center

MCG Foundation board meeting, 1 p.m., Old Medical College

President's Reception, 3:30-5:30 p.m., 920 Milledge Road

School of Medicine reunions for the classes of 1941, 1946, 1951, 1956, 1961, 1971, 1976, 1981, 1986, 1991, 1996, 6 p.m., Radisson Riverfront Hotel, $40 per person

School of Medicine class of 1966 reunion, 6 p.m., Old Medical College, $40 per person

School of Dentistry class of 1976 reunion, 6 p.m., Radisson Riverfront Hotel, $25 per person

School of Graduate Studies Alumni Association/ Distinguished Alumnus Award presentation and dinner, 6 p.m., Radisson Riverfront Hotel, $25 per person

School of Nursing Alumni Association dinner and program, 6 p.m., Radisson Riverfront Hotel, $25 per person

Homecoming dance, 9:30 p.m. until, Radisson Riverfront Hotel

Sunday, April 29

School of Medicine Alumni Association Memorial Service, 10:30 a.m., Old Medical College

School of Medicine Alumni Association Emeritus Club luncheon, 11:30 a.m., Old Medical College, $20 per person

6 Receive Distinguished Alumnus Awards

Christine Hurley Deriso

The alumni associations of the Medical College of Georgia's five schools have announced recipients of their 2001 Distinguished Alumnus Awards.

Nancy Lavin, a 1968 graduate of the Department of Radiologic Sciences, has been named Distinguished Alumnus by the School of Allied Health Sciences Alumni Association. Ms. Lavin, associate professor in the MCG Department of Radiologic Sciences, joined the faculty in 1975. She received the School of Allied Health Sciences' 1991 Outstanding Faculty Award and 1994 Distinguished Service Award. She is a past president of the Georgia Society of Radiologic Technologists.

Dr. W.J. Walker Jr. has been named Distinguished Alumnus by the School of Dentistry Alumni Association. Dr. Walker, a 1975 graduate of the School of Dentistry, practices in Augusta and is a fellow of the American College of Dentists. He received the 1982 Georgia Practitioner Award and the 1985 Georgia Dental Society President's Award.

Dr. Darrell W. Brann, who earned his doctorate in endocrinology from MCG in 1990, has been named Distinguished Alumnus by the School of Graduate Studies Alumni Association. Dr. Brann, associate professor in the MCG Department of Physiology, has had continuous funding for his neuroendocrine research from the National Institutes of Health since joining the faculty in 1991. He received the MCG School of Graduate Studies 1997 Distinguished Research Award and is associate editor of the journal, *Biology of Reproduction*.

Dr. Joseph P. Bailey Jr., a 1955 graduate of the School of Medicine, has been named Distinguished Alumnus for Loyalty by the school's Alumni Association. The association named Dr. Luther B. Travis, also a 1955 graduate, its Distinguished Alumnus for Professional Achievement.

Dr. Bailey, Charbonnier Professor Emeritus of Medicine and retired chief of the Section of Rheumatology, joined the MCG faculty in 1961. He is a past president of the Medical Association of Georgia and received the association's 1990 Distinguished Service Award. He received the MCG School of Medicine 1997 Institutional Service Award and was named Outstanding Teacher by School of Medicine seniors in 1969, 1970 and 1971.

Dr. Travis, a William W. Glauser Professor of Pediatrics in the University of Texas Medical Branch's Divisions of Nephrology and Diabetes, was

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included in the 1992, 1994 and 1996 editions of *Best Doctors in America.* He received the Texas Pediatric Society's 1996 Sidney Kaliski Award and the American Diabetes Association's 1995 Outstanding Physician Educator Award.

Dr. Elizabeth Farren Pond, who earned a 1966 bachelor's degree and a 1981 master's degree from MCG, received the School of Nursing Alumni Association Distinguished Alumnus Award. She earned her doctorate in education from the University of Georgia and joined the MCG faculty in 1981. She received the MCG Chair's Distinguished Service Award in 1987, the 1990 School of Nursing Outstanding Faculty Award and the Tenth District Georgia Nurses' Association 1991 Nurse of the Year Award.

The awards will be presented during MCG's Homecoming celebration April 26-29.

Library Seeks *Pandoras* with MCG Sections

Dr. Lois Ellison, medical historian for the Medical College of Georgia, requests your help in compiling a piece of MCG's history.

Greenblatt Library's Special Collections is trying to obtain a complete set of the University of Georgia *Pandoras* (the university's yearbook) from 1911 to 1949, the years that MCG was either the Medical Department of the University of Georgia or the University of Georgia School of Medicine.

The library needs *Pandoras* from the following years to complete its set: 1913, 1914, 1915, 1917, 1918, 1919, 1920, 1921, 1923, 1925, 1926, 1927, 1928, 1929, 1930, 1933, 1941, 1942, 1943, 1944, 1947 and 1948.

If you can donate a Pandora, please call Susannah Weaver, Special Collections librarian, at (706) 721-3444.

Calling All Alumni

Alumni! Let us know what's new with you. Send news of professional or personal accomplishments by ***May 4*** to *Christine Hurley Deriso; FI-1042; Medical College of Georgia; Augusta, GA 30912; fax to (706) 721-6723 or e-mail to cderiso@mail.mcg.edu.*

Class Notes

School of Allied Health Sciences

Melinda Williams Jackson (occupational therapy, '97) and **Dr. Lewis W. Jackson** (School of Medicine, '92) were married Oct. 14, 2000 in Newnan, Ga. He practices at Newnan Pediatrics and she is a pediatric occupational therapist for Children's Healthcare of Atlanta at Fayette Community Hospital.

School of Graduate Studies

Dr. Deborah Poole (Ph.D.), a gerontological and family nurse practitioner, has joined the staff of East Tennessee State University Family Physicians of Kingsport. She is an assistant professor of adult nursing in the university's College of Nursing.

School of Medicine

Dr. Don Hite ('61), a retired facial plastic surgeon in Greenville, S.C., built Royal Amelia Golf Links on Amelia Island, Fla., completed last September. Alumni are welcome.

Dr. Kim B. Yancey ('78) is chairman and professor of dermatology at the Medical College of Wisconsin. He is certified by the American Board of Dermatology, with special competence in dermatologic immunology/diagnostic and laboratory immunology, and by the National Board of Medical Examiners. He is a director of the American Board of Dermatology, a fellow of the American Academy of Dermatology and a member of the American Society for Clinical Investigation. He and his wife, Dr. Cindy A. Salkowski, have three children.

Dr. Stephen L. Wilson ('88) practices general surgery at Holzer Clinic in Gallipolis, Ohio. He and wife Lorre have three children: Stephen, 10; Evan, 7; and Kathryn, 3.

School of Nursing

David V. Glorius (B.S.N., '87), Ocala, Fla., was named a fellow of the American College of Emergency Physicians in October 2000. He recently was appointed to the Correctional Medical Authority for the state of Florida and was named medical director of the Florida State Fire College.

Nickie Ritter ('98), Bethesda, Md., practices labor and delivery in Bethesda Naval Hospital. Her husband, Marc Hagge ('98), works in the Walter Reed Army Hospital Emergency Room.

Physical Therapist Helps Keep Athletes in the Game

Christine Hurley Deriso

Ron Courson had an unusual request when he enrolled in the Medical College of Georgia Department of Physical Therapy: Could he schedule his classes around the 1988 Olympics?

Mr. Courson had been working for several years as an athletic trainer when he decided to enhance his rehabilitation skills by earning a physical therapy degree. But the year he enrolled, he had been asked to serve as an athletic trainer for the 1988 U.S. Olympic team.

As eager as he was to begin his education at MCG, the chance to work with Olympic athletes was an offer he couldn't refuse.

"It essentially involved taking six months off," said Mr. Courson. "MCG was really flexible about it. I ended up graduating a little later than I would have otherwise, but everything worked out great."

He relished his experience with the Olympic team in Seoul, Korea. He's always loved sports, but a soccer injury in college derailed his plan of becoming a coach. Instead, he found himself working to help other athletes prevent and treat *their* injuries. Since earning his bachelor's degree in physical therapy in 1989, he has developed the dream career of any sports enthusiast.

In addition to his experience in Seoul, he was an athletic trainer for the 1992 Olympics in Barcelona, Spain and chief athletic trainer for the 1996 Olympics in Atlanta. "It's almost overwhelming, the magnitude of the experience," Mr. Courson said. "You meet great people and you get to work with atypical sports, like judo and fencing. It's also exciting to meet medical professionals from around the world. There are more than one ways to skin a cat, and it's interesting to learn different techniques. The Olympics are a great learning experience."

When he's not jaunting around the globe, Mr. Courson concentrates on his day job: director of sports medicine for the University of Georgia Athletic Association. He oversees 17 athletic trainers, providing preventive measures, rehabilitation, emergency medical assistance and health education to UGA's 550 athletes in 21 sports. "We have a great staff," said Mr. Courson. "They enjoy working with our athletes. We couldn't do it without them."

Most of the staff members are cross-trained, providing everything from massages to nutrition counseling for the athletes. "We really emphasize prevention," Mr. Courson said. "These athletes' parents entrust us with their sons' and

Ron Courson

daughters' care. They're athletes, but they're students first."

His staff provides all rehabilitation for the athletes and works with a group of team physicians with evaluations and procedures such as surgery when necessary. Several UGA team physicians, including Drs. Robert Dicks, Ron Elliott, Robert Hancock and Mixon Robinson, are MCG alumni. "We have the finest group of physicians I've ever been associated with," Mr. Courson said. "They're not only great medical clinicians but great people who truly care about our athletes."

The sports medicine team's services begin the moment an athlete enrolls at UGA. "When they come here, they have probably the most extensive physical they'll ever have," Mr. Courson said. "We may spot old injuries that haven't healed properly, and sometimes we pick up problems unrelated to sports."

If any of the problems predispose them to serious injury, they may be disqualified from the team. "I hate to tell an athlete's parents that he can't play, but I'd rather break that news to them up front than see them in an emergency room a year later where their child is paralyzed from a spinal cord injury."

Likewise, once athletes are deemed fit to compete, no stone goes unturned in ensuring their safety. The staff emphasizes flexibility training, rehabilitation programs and other means of preventing injuries. A staff member is on hand at every practice and game. Different sports present different risks, so staff members are trained in all of them.

Football, of course, is UGA's highest-risk sport, Mr. Courson said. Other high-risk sports, he noted, may surprise people. Women's soccer and gymnastics, for instance, carry high risks of injury. A sport with one of the highest rates of concussion is cheerleading.

In addition to working extensively with the athletes, Mr. Courson and his staff compile detailed statistics to track trends. For instance, if they note a frequent injury, they can examine, and ideally correct, the factors that might be contributing to it. The staff also is compiling data on athletes' performance on balance and neuropsychological tests to help determine when a concussion victim can resume a sport. "It's very subjective sometimes deciding when to return an athlete to a sport after he's suffered a concussion," Mr. Courson said. "With this data, we can be a lot more objective. It's also helping us determine how best to rehabilitate a concussion patient. Our theory is that if things like balance and memory suffer after a concussion, then giving exercises in those areas would help in rehabilitation."

The athletes, he noted, are highly motivated to comply with their treatment plans. "They're some of the best-educated people you'll find regarding good health," Mr. Courson said. "They're very careful about taking care of their bodies."

Indeed, one of his biggest challenges is coaxing the athletes to pace themselves. "My wife [Eileen O'Connell Courson, a 1986 graduate of the MCG Department of Physical Therapy] is an acute-care therapist, and she's always trying to get her patients to speed up. I'm trying to slow mine down, for the most part."

He always counsels a sense of perspective. "I do for the athletes what I would do for my own children. Sports are important, but I want our athletes to have good knees when they're 40 and be able to play with their kids."

Dr. Mishoe Named Associate Dean

Christine Hurley Deriso

Dr. Shelley Mishoe, chairman of the Medical College of Georgia Department of Respiratory Therapy, has been named associate dean for academic affairs in the School of Allied Health Sciences.

Dr. Randy Baker, a registered respiratory therapist and assistant professor in the MCG School of Allied Health Sciences and Graduate Studies, is serving as interim chairman of the Department of Respiratory Therapy until Dr. Mishoe's vacated position is permanently filled.

Dr. Mishoe has been chairman and program director in the Department of Respiratory Therapy for 12 years. She has received an MCG School of Allied Health Sciences Outstanding Faculty Award and has published over 60 articles, abstracts and book chapters in the field of respiratory therapy. Dr. Mishoe is an inaugural-class fellow of the American Association for Respiratory Care and has been named the association's delegate of the year and education section practitioner of the year.

Dr. Shelley Mishoe

MCG School of Allied Health Sciences Dean Biagio J. Vericella said, "I firmly believe she possess the characteristics and capabilities that will enable her to assist the dean in developing new fields of endeavor through distance learning, expansion of clinical sites, increased use of electronic media for academic instruction and leadership in the overall development and promotion of the mission and objectives of the school and institution."

Student Brings Life Lessons to O.T. School

Christine Hurley Deriso

When LaToya Johnson's grandfather was hospitalized with a stroke several years ago, her only thoughts were of his recovery. But subconsciously, she was also formulating a career plan.

LaToya, then a teen-ager, was struck by the devotion and dedication of his care-

givers. The occupational therapist, who helped her grandfather relearn functions necessary for his daily routine, made a particularly strong impression on her. "The occupational therapist spent a lot of time with us, working with my grandfather and explaining things to my family," she said. "That meant a lot to me."

A cousin, Tonya Brock, was a health professional and had always been an inspiration to LaToya. She knew now that she wanted to follow in her footsteps.

After graduating from high school in Savannah, Ga., she attended Clark Atlanta University to complete her core courses, then transferred to the Medical College of Georgia to earn her bachelor's degree in occupational therapy. After two semesters in the program, she's sure she made the right decision.

"I went through the [Student Educational Enrichment Program] before I enrolled, and I said, 'Yep, this is the school for me.'" SEEP is a summer program preparing potential students who are under-represented in the health professions for an MCG education. LaToya, a HOPE Scholarship recipient, has been on the dean's list both semesters at MCG and recently was named co-president of the MCG chapter of the Student Occupational Therapy Association.

As co-president, LaToya is anxious to publicize the contributions of the profession and to recruit potential students to the field. She visited Fort Valley State University in November to discuss occupational therapy and urge students to consider it as a career choice.

"A lot of people don't know what occupational therapy is," she said, noting that the field offers extensive opportunities for hands-on care in settings as diverse as the hospital, the community and the corporate world – any setting in which people need help improving the skills needed to live each day to the fullest.

LaToya said MCG offers second-to-none training in the field. She attended a predominantly African American high school and undergraduate school, "so MCG is the first place where I've been a minority," she said. "But I've been welcomed with open arms, and the faculty are wonderful, just like a second family."

LaToya's commitment to her studies encompasses a large chunk of her life, but she also has other priorities. For instance, she's adjusting to a new role in life: big sister. Her parents added baby Ayanna Nicole to the family this winter. Ayanna was born 14 weeks premature, weighing a scant pound and a half. But her parents and sister have stayed right by her side in the neonatal intensive care unit, and the little girl is getting stronger every day. Her chance of a healthy life, the doctors say, is excellent.

LaToya is a doting sister, and she's found that her education is already coming in handy. "My parents don't know a lot about the medical field, so they depend on me to ask the questions that need to be asked," she said.

She laughed that it took a few days for her sister's medical team to get up to speed on where LaToya fit into the picture. "I was with her one day in the NICU, and a nurse told me that only immediate family could be there. I said, 'I'm her sister.' But she thought I meant that I was my *mother's* sister. We finally got that straightened out."

Now that Ayanna's prognosis is excellent, LaToya is anxious to redouble her efforts in the Student Occupational Therapy Association. In addition to recruitment efforts, the members are raising funds for association activities. For more information about the Student Occupational Therapy Association, contact mcgsota@hotmail.com.

LaToya Johnson

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School of Dentistry

Mini-Residency Offers Oral Medicine Training

Christine Hurley Deriso

The Medical College of Georgia has begun a program to help general dentists better diagnose and treat the 287 identified diseases that affect the mouth.

Participants of the Oral Medicine Mini-Residency spend one day a week for up to three months at the MCG School of Dentistry, treating patients alongside MCG oral medicine specialists and attending related lectures. Oral medicine is the diagnosis and non-surgical treatment of oral disease and oral-facial pain. Diseases primary to the mouth include infections, allergic reactions, tumors and autoimmune disorders.

General dentists receive oral medicine training in dental school, but "the problems oral medicine specialists typically see are complex enough to perplex a general dentist," said Dr. Wayne Herman, associate professor in the Department of Oral Diagnosis and Patient Services. He and Dr. Joe Konzelman (below, right), also an associate professor in the department, are the chief instructors of the mini-residency.

Early diagnosis and treatment of oral diseases can be vital to overall health, Dr. Konzelman said. Mouth symptoms can be the first indicators of conditions as diverse as anorexia and bowel disease.

The program enables general dentists to diagnose and treat more of their patients' oral diseases without having to refer them to a specialist, Dr. Konzelman said. The training not only expands the dentists' practice, he noted, but provides more convenient service and earlier treatment for patients. "The dentists who complete the mini-residency say they definitely feel more comfortable diagnosing and managing conditions they previously weren't able to deal with," Dr. Konzelman said.

"There's no doubt about it," said Dr. Jim Jordan (below, center), a general dentist in Lawrenceville, Ga., who began the mini-residency in September. "I graduated from dental school in 1976, and a lot has changed since then. I attend continuing-education courses, but they don't go into the depth of a program like this. There's a lot more to dentistry than drilling holes and filling them up. I wanted to get back into the medical part of it. I've had patients with problems I couldn't treat. Now I can."

Dr. Konzelman said response to the mini-residency

has been tremendous. "We've had calls from dentists all over the country interested in attending the program," he said.

Those who complete the program receive continuing-education credits and can apply for membership in the American Academy of Oral Medicine. The training also helps prepare them for the Oral Medicine Fellowship Examination, Dr. Konzelman said.

For more information about the mini-residency, contact Dr. Konzelman, (706) 721-2607.

MCG Dentist Cites Shortage of Pediatric Dentists

Christine Hurley Deriso

A Medical College of Georgia dentist wants to dispel the misconception that pediatric dentists are the dinosaurs of the dental profession.

Georgia has a shortage of dentists who specialize in the treatment of children, said MCG Department of Pediatric Dentistry Chairman Steven M. Adair, in part because many people assume the market has largely dried up. "People hear that dental decay in children is a thing of the past," he said. "That may be true for many children, but there's a lot of decay in some segments of the population. In the United States, 80 percent of dental decay is concentrated in 20 to 25 percent of the population."

Fluoridated water and improved dental hygiene have created a generation of children at lower risk of dental decay than their predecessors, Dr. Adair said. But a high-sugar diet, poor dental hygiene and unfluoridated well water can conspire to make some children just as cavity-prone as their parents and grandparents were. More than just their teeth are at risk. Untreated dental problems can lead to general health problems such as malnutrition and infection.

"Georgia's fluoridated water supply covers only about 50 percent of Georgia's population," said Dr. Adair, citing the large number of rural residents who rely on well water. "With very few exceptions, well water is devoid of fluoride."

Also, children in rural areas generally have less access to dental care than others, he said. The result? A large percentage of children in desperate need of a pediatric dentist.

"Pediatric dentists are the dental counterparts of pediatricians," Dr. Adair said. "Most dental care for children in this country is delivered by general dentists, but many children have extensive problems that require specialized care."

And even children at low risk for dental decay benefit greatly from the preventive care they offer, he noted. The result? A booming business in pediatric dentistry.

"There are plenty of opportunities throughout the state," Dr. Adair said. "Particularly in rural areas, there's a real shortage. Many general dentists are happy if they can find a pediatric dentist to refer their patients to within a one- to two-hour drive. It's frustrating to know there are kids out there with problems and we don't have enough dentists to meet their needs."

If aspiring dentists are worried that a rural practice can't be lucrative, they needn't be, Dr. Adair said, particularly since the federal government has recently increased Medicaid reimbursements. "Our residents who go into rural communities find that they're very busy, they're making a very good living and they have a very good quality of life," Dr. Adair said. Pediatric dentists complete a residency in the specialty after completing four years of dental school. Those interested in pursuing the field are invited to arrange an MCG Closer Look tour by calling (706) 721-2725.

'Millionaire' Contestant Rich in Memories

Deborah G. Steele

Jay Melvin's fingers moved frantically as the multiple-choice answers were revealed. He had waited for this moment for so long and this was his big chance. But when the correct order of the answers was revealed, Jay was wrong.

For the 28-year-old first-year dental student at the Medical College of Georgia, an appearance on the Oct. 15 airing of *Who Wants to be a Millionaire?* was a dream come true. Although he didn't make it past the initial round, the excitement was invigorating and the intensity overwhelming.

"It was a lot of fun," said Jay, who was accompanied by his wife, Tricia, and 2-month-old son. "They put us up in a really nice hotel on the West Side. We saw Times Square and went down to the theater district."

During his two days in New York, Jay was treated like a celebrity. He arrived at the ABC studios of *Millionaire* on the morning of Oct. 5 and spent most of the day meeting with associate producers of the hit show, participating in fastest-finger competitions in the studio and taping the one-hour game-show phenomenon.

"It takes about two hours to tape a one-hour show," said Jay, who also works as an emergency room nurse at MCG. "They really cut it down. Since there's no time limit on how long you can take to answer questions, some people take five to 10 minutes."

Jay thought he'd surely have a chance to sit in the hot seat, opposite host Regis Philbin.

"I did really well in the fastest-finger question practice round," said Jay. "I got like three out of five right. At lunch, everyone was saying that I was going to get on, but I didn't."

The stumbling blocks to Jay's 15 minutes of fame came in the form of three questions; he only got one right, and he didn't answer that one quickly enough to get in the hot seat.

"I was very disappointed," said Jay of his performance. "It was probably one of the

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biggest disappointments of my life. This is going to sound silly, but I've always wanted to be on a game show."

Jay urges potential contestants to call in and test their knowledge. "I would recommend to everybody to do it," he said. "You don't have a chance if you don't call. I had been trying for the past year and had made dozens of calls every time the phone lines were open."

For the time being, Jay is satisfied with just being a contestant on a highly rated TV game show and meeting Mr. Philbin.

"I got to meet Regis," said Jay. "He was shorter than I thought. He's about my height—5'7". You don't get the impression that he's that short when you see him on TV. And he's very likeable and personable."

Dr. Siegel Named Fellow

Dr. Harris Siegel, a 1993 graduate of the Medical College of Georgia School of Dentistry, has been named a fellow of the Academy of General Dentistry.

The academy is a non-profit international organization of 36,000 general dentists. Fellowship requires completion of a comprehensive written exam and 500 hours of quality continuing dental education.

Dr. Siegel practices general, restorative and cosmetic dentistry in metropolitan Atlanta. He is a member of the Hinman Dental Society, the Academy of Osseointegration, the American Association of Hospital Dentists and the executive board of Alpha Omega Dental Fraternity.

Dr. Steflik Receives Implant Dentistry Award

Toni Baker

Dr. David E. Steflik, director of research for the Medical College of Georgia Section of Orthopaedic Surgery, has received the 2000 Isaiah Lew Memorial Research Award from the American Academy of Implant Dentistry Research Foundation.

The annual award, named after the pioneer of implant design, honors implant dentistry researchers. The foundation cited Dr. Steflik's "exemplary biological research into the tissue responses to implanted biomaterials."

Dr. Steflik joined the MCG faculty in 1979 as a senior research associate in the School of Dentistry and was appointed assistant professor in 1984. He was named senior research scientist and director of Laboratory and Research Services in 1988 and associate professor of oral pathology and director of the Implantology Section in 1990. He received appointments in the Departments of Surgery and Cell Biology and Anatomy in the School of Medicine in 1996 when he was named director of orthopaedic research and associate professor of surgery.

Dr. Kling Meshed Love of Animals, Research

Toni Baker

Dr. Malcolm Kling

His first perspective was from the foot of Lookout Mountain, working the Georgia farm that his father also called home.

It's a pretty picture James Malcolm Kling paints of growing up in Menlo, Ga., with his parents, three siblings and plenty of pigs, cows and the crops that feed them. He started first grade and finished high school with the same 18 classmates. That calm, classic beginning helped shape a man who is smart, kind and loyal yet pragmatic, key ingredients for someone who would one day oversee the welfare of research animals at the Medical College of Georgia.

He took a circuitous route to MCG, first taking his love of animals to Athens, Ga., where he would earn a degree in veterinary medicine at the University of Georgia, find his wife, Anne, and have his only child. Literally weeks away from graduating and setting up a private practice in Marietta—back when dairy farms and cattle were still part of the landscape there—he went to a lecture by Dr. Carl Clark, chairman of physiology and pharmacology at Auburn University.

Today Dr. Kling insists there was no defining moment in his life when a vision of his future came to him. Yet that day and lecture changed his life.

"Why would someone dump the plans they made and go off somewhere else?" he still muses 40-odd years later.

There was just something about human science that snatched him up that day and landed him at Auburn University where he earned a master's degree in physiology and biochemistry, then a doctorate in pharmacology from the University of Florida. Pharmacology is a science that brings things together, such as physiology, anatomy and biochemistry, he explains. "If you don't have all that as a background, you can't begin to understand how drugs work."

He was completing that doctorate when another scientist came calling, this time from farther south: Dr. Raymond P. Ahlquist, associate dean for the MCG School of Medicine and longtime chairman and professor of pharmacology and toxicology.

Dr. Ahlquist offered Dr. Kling the opportunity to pool his newly collected knowledge of veterinary medicine and human science as MCG's director of the Division of Laboratory Animal Resources and as a faculty member in pharmacology.

"It's not an easy job to walk the balance of supporting research activities and being an advocate for humane animal care at the same time," Dr. Kling said of the job he's held since 1967. "A lot of investigators get so wrapped up in the science of what they do that they don't see much difference between a rat and a beaker full of chemicals. So there have been some struggles."

But Dr. Kling rallied to the cause, steering the university through more than 30 years of relative calm in the poten-

tially inflammatory arena where man's need to learn more about himself and the diseases that afflict him are balanced with animal rights. Consequently he has spent little time in his office of many years. Rather, "you talk to people and you walk around. You don't know what's going on if you don't."

With the exception of the "jillions" of zebra fish—whose transparent, rapidly developing embryos make them an ideal model for studying development—swimming in aquariums at the MCG Institute of Molecular Medicine and Genetics, research animals are kept in centralized locations where they are tended by Dr. Kling and his staff in Laboratory Animal Resources.

The largest animals are kept off campus in relatively rural Gracewood, Ga. The present population includes two sheep, three goats, nearly 40 monkeys and a "guard" donkey named Elvis.

With a slightly sheepish smile, he says that Elvis came to be because packs of dogs and coyotes that run the isolated setting of Gracewood had attacked the sheep. "We had a choice between a llama or a donkey," he said, both known for their protective natures. When asked how he made the choice, his pragmatic side kicks in. "We decided to get whichever we could find." It was important to find only one donkey, because that way he would bond more tightly with the other animals and be a more fervent protector. So far, so good.

Dr. Kling has been a longtime teacher at MCG as well, sharing his love of how drugs work with second-year medical students and twice serving as acting chairman of pharmacology. Then in 1994, he was asked to take on yet another job. He was named interim vice president for research when Dr. Lowell M. Greenbaum retired. Little did he know how long an interim could be. About two years into that term, one warm May 1996 day, a scenario of unprecedented misconduct by two researchers began to unravel. Dr. Richard L. Borison, then professor and chairman of the Department of Psychiatry and Health Behavior, and Dr. Bruce I. Diamond, then a professor in the department, would eventually be convicted of diverting more than $10 million from MCG over an eight-year period.

The dollar toll was only part of it. As researchers, the two seemed to be doing pioneering clinical work, on the forefront of studies of the newest drugs for devastating diseases such as Alzheimer's. Behind the scenes, they were setting up off-campus locations where patients still believed themselves to be within the safe, clinical infrastructure of the state's health sciences university. The idea behind the scheme was to put the money drug companies pay for such studies into the researchers' own pockets, rather than MCG's.

"Remember when you were a kid and you stacked up dominos so when you push one over the next one would fall?" he said. "Every day it was a new domino. You knew you had something bad and you didn't know how bad."

As that May day turned to weeks and eventually six months, the pieces of the sordid puzzle were placed. Dr. Kling's feelings probably reflect those of most people who knew the story: mad and sad.

But his realistic side was ever-present as well; the researchers needed to be prosecuted, the patients and families supported and the clinical trials system fortified so that the dominos would stand sturdy. He and many others, such as Dr. George S. Schuster, chairman of the Human Assurance Committee which approves clinical trials at MCG, and Dr. Stewart Shevitz, who stepped up to the plate as interim chairman of psychiatry, took these tasks on.

"He was a brick, for lack of a better term," Dr. Schuster said of Dr. Kling during the painful process. "Malcolm is the kind of person who can help you keep things in perspective. I think he was able to really help stabilize the institution."

Through a process that stretched on for years—Dr. Diamond pled guilty in December 1997 and Dr. Borison pled guilty 10 months later—Dr. Kling's lowest moments were spent thinking how patients had been deceived and recognizing that the lives and talents of two bright men had been lost to greed.

No one was happier than Dr. Kling that May day in 1999 when Dr. Matthew J. Kluger was named vice president for research and Dr. Kling could see an end to 'interim.'

Jan. 31, 2001 Dr. Kling retired from the Medical College of Georgia...sort of. He accepted MCG's early-retirement package, although, technically, his retirement isn't 'early.' He leaves the place in good hands, he says, with a renewed emphasis on research targeting key areas including cancer as well as the cardiovascular, nervous and immune systems. Early retirement has cost the institution many of its more senior, experienced hands, yet it offers opportunity as well to bring in people who will shape today's plan for tomorrow, he said.

Yet even as he talks of retirement, he's got a call in to one of his many alma maters, trying to get copies of college transcripts that are nearly a half-decade old so he can secure a job teaching biology to college students.

He's keeping his often-ignored pharmacology office as well, so he can keep teaching second-year medical students until "the young folks coming on board get established."

He'll also be here, no doubt, for the first annual Malcolm Kling Lectureship in Research Ethics being planned for this fall or winter.

Dr. Singal Carves New Niche with Art Career

Christine Hurley Deriso

When Dr. Sam Singal retired from the Medical College of Georgia as Charbonnier Professor of Cell and Molecular Biology in 1985 at age 69, he decided it was high time to get an education.

Well...*another* education. He certainly had distinguished himself in the field of biomed-

ical research, joining the faculty in 1940 as a research assistant to Dr. Virgil Sydenstricker and serving as dean of the MCG School of Graduate Studies from 1974 to 1984. But now that he was retired, he was anxious to learn something new. He had always been interested in art, and now that he had time to pursue it, he enrolled in art classes at Augusta College (now Augusta State University). Fifteen years and many classes later, he feels worthy of the title, "artist."

"I started from zero and learned from my teachers," said Dr. Singal, 85. "Now, I'm on my own but periodically meet with my mentor for a critique." He still takes classes to refine his craft, maintaining a corner of a studio at ASU, but he feels his work has taken flight.

Dr. Singal has had two art exhibits since he retired, including one this spring at the Gertrude Herbert Institute of Art in Augusta. The artwork—a series of oil on canvas, watercolors, monotypes, lithographs and etchings–is mostly abstract. "I'm less interested in content than in color, shape and movement."

It generally takes him about two months to complete a painting, but he doesn't pressure himself with deadlines. "Sometimes, [a painting] isn't working and I set it aside. Then I come back to it and maybe see something in it I hadn't before."

Dr. Singal is glad he followed his heart and encourages others to do the same. "Everybody can paint and get pleasure out of it," he said. "They may not become a Rembrandt, but who can? We already have one of those. This is a wonderful way to spend retirement."

Dr. Mahesh Named Laureate

Toni Baker

Dr. Virendra B. Mahesh, Regents professor and Chairman Emeritus of the Medical College of Georgia Department of Physiology and Endocrinology, has been named an American Biographical Institute World Laureate representing the United States.

The American Biographical Institute, a publisher of international reference volumes, grants world laureate status based on achievement and determination.

The institute honored Dr. Mahesh with the World Declaration of Excellence Award in 1989, the Grand Ambassador of Achievement and Golden Academy Award for Lifetime Achievement in 1991 and the Most Admired Man of the Decade Award in 1992. He was named a member of the Board of Governors of the institute's Research Association in 1993.

Dr. Mahesh received the 1996 Carl G. Hartman Award of the Society for the Study of Reproduction and the MCG School of Medicine Lifetime Achievement Award in 1997. He is editor-in-chief of *Biology of Reproduction* and a member of the editorial boards of *Endocrinology, Journal of Steroid Biochemistry and Molecular Biology, Steroids, Assisted Reproductive Technology/Andrology* and *Research Trends*.

He joined the MCG faculty in 1959 as an assistant research professor of endocrinology. He was named a Regents professor of endocrinology in 1970, chairman of the Department of Endocrinology in 1972 and Regents professor of physiology and endocrinology and chairman of the Department of Physiology and Endocrinology in 1986. He retired from active status in June 1999 but continues to contribute to research and education at MCG.

School of Medicine

Alumna Spreads Message of Hope to Others

Deborah G. Steele

Dr. Jacqueline Fincher

Dr. Jacqueline Fincher believes she's alive to tell her story for a reason: to reach seriously ill people who feel beyond hope.

"As an adult who has faced a life-threatening illness, I've learned to appreciate more that the hand of prayer and the hand of medicine go together," said the Thomson, Ga., internist whose breast cancer has been in remission for more than eight years. "Healing is possible because I know it and I've seen it. It was just a matter of what it was going to take for me to heal."

Dr. Fincher, a 1985 graduate of the Medical College of Georgia School of Medicine, has helped her patients and countless others through counseling and the formation of a cancer support group. "When you go through cancer, it changes you forever; it changes your perspective," she said. "You value life more and you see the strength of the human spirit. With the support group we've formed, we're inspiring people and letting them know they are not alone."

Dr. Fincher was living life to the fullest when breast cancer threatened to stop her in her tracks. She and her husband, Dr. James Lemley, also a 1985 School of Medicine graduate, moved to the small, quiet town of Thomson after completing their residencies and began practicing medicine. They realized just how cozy small-town life can be when a neighbor spotted them doing yard work one day and seized the opportunity to sign them on for a good cause.

"I was passing by and saw them in their yard," said Pinkie Knox, a longtime volunteer for the McDuffie County chapter of the American Heart Association. "I stopped and got them to tell me then that they would get involved in the American Heart Association."

"We call her the arm-twister around here," said Dr. Fincher of Ms. Knox in her best Southern drawl. "She is truly the steel magnolia; she's charming and she won't take 'no' for an answer."

Dr. Fincher and her husband were more than happy to volunteer for the organization that battles the number-one killer of Americans: heart disease. Their volunteerism meshed seamlessly into their careers, and when daughter Laura was born in 1991, life seemed nothing short of sublime.

And then came the diagnosis....

Dr. Fincher remembers one of her lowest points during her bout with breast cancer: a dismal day in 1992 when she contemplated the all-too-real possibility of imminent death. Then something odd happened. She got a call from Johnny Mostellar, a fellow American Heart Association volunteer. Was he calling to comfort her or reminisce about the experiences they'd shared through the organization? No....

"As the conversation was winding down, or so I thought, Johnny asked me if I would be interested in taking a leadership position with the state organization. You have to remember, my breast cancer prognosis was not very good. I was honored and told Johnny I would think about it. When I got off the phone, I burst into tears. [My husband] asked me what was wrong and I told him, 'They really

think I'm going to be alive to do this.' It was really a confirmation of healing for me and a source of strength and hope."

From that day forward, Dr. Fincher hasn't looked back. She battled her disease valiantly while maintaining her commitment to her family, her career and the American Heart Association. Now that she has reclaimed her health, she's more dedicated than ever to improving the health of others.

"One of the things I love about the American Heart Association is that the people involved love what they are doing and are active," she said about the volunteer organization. "They don't waste a lot of time or money, but they get a lot accomplished. What better organization to work for than an organization that is promoting the decrease of America's number-one killer?

"I have worked very hard for this organization and believe in its cause and mission because I see it here every day," she said. "I am truly on the front line of seeing that the more we educate primary-care physicians, the more our patients will become educated. It is truly a partnership of patients working hand-in-hand with their physician."

Dr. Fincher was honored for her efforts by being named the American Heart Association 2000 Physician of the Year; she was chosen from 20 nominees nationwide. "I didn't even know I had been nominated until I was told I had received the award," Dr. Fincher said. "I was just really shocked. To be honored by this group in this way is very special."

"It was a moment of great pride for the Southeast Affiliate," said Jack Hannings, executive vice president of the Southeast affiliate of the American Heart Association. "Generally, a cardiologist receives this national award.

"One of the things that strikes people about Dr. Fincher is her passion and commitment to the organization," he said. "She spends a lot of time educating people in her community about heart disease and prevention. A lot of us don't have that passion and aren't as good at communicating it as Jacqueline is."

Dr. Fincher said she will continue to support the American Heart Association's efforts to raise awareness and funding to decrease deaths due to heart disease and strokes.

"Our goal is to decrease death by heart disease and strokes by 25 percent by the year 2010," she said. "That's not going to happen unless patients begin taking personal responsibility for their health. The physician is there to help, but we can't do it without patients taking responsibility. Heart disease is the number-one killer in America and educating the public about risk factors and risk-factor reductions is very important."

Retiree's Book Aids Memory-Impaired

Christine Hurley Deriso

Dr. Russell E. Wigh has assembled a hefty arsenal of tricks over the past few years to outsmart his increasingly uncooperative mind.

For instance, if he hears the word "trout" and can't remember the name of the specific kind, he'll picture a shining sun with rain pouring in front of it, then envision the resulting arc of colors. *Voila.* He's rediscovered the word "rainbow."

It's a cumbersome way to have to conjure words that once popped effortlessly into his mind. But sometimes, it's the only way he can recapture a rainbow. As inconvenient as his memory lapses can be, he considers himself lucky. He knows all too well that many people with memory disorders have lost their rainbows forever.

Dr. Wigh, who retired as a professor emeritus from the Medical College of Georgia Department of Radiology in 1981, has written a book to help compensate for the memory problems of those with Alzheimer's and related mind-altering diseases. The self-published book, *Words in Hand*, is a large-print compilation of 27,000 commonly used words and phrases arranged in categories such as food, religion and sports. When people with a memory disorder or a limited grasp of the English language have a word on the tips of their tongues, they can now have it at the tips of their fingers, as well, Dr. Wigh said.

"Most services available to Alzheimer's patients are for the severely impaired," said Dr. Wigh, 87. "When I began struggling with memory problems, I couldn't find anything for those in the early stages of the disease. I knew that the major problem was words. A single word can open the door to lots of related memories."

Dr. Wigh's memory problems have never been definitively diagnosed—"I suspect that somewhere along the line, I must have had an infarction or embolism," he said—but he has managed to maintain his independence. He and his wife live in Martinez, Ga., and he began writing the book in 1992. By that time, he knew first hand how isolating memory problems can be. He cited, for instance, one's frustration of wanting a bottle of catsup passed at the dinner table without being able to articulate the desire...or the loneliness of listening in on a lively conversation about baseball without joining in for fear of forgetting the word "shortstop" or "pitcher."

Dr. Wigh knew a dictionary wouldn't solve his problem; how can you look up a word without a clue about its spelling? He wanted a small, lightweight book with lists of words in practical categories. And since one didn't exist, he wrote it.

The book, he said, is not only a memory aid, but a confidence boost. "You will find that some of those skills you felt lost forever from disease or injury are not gone," he writes in the introduction of his book, "and that the inherent power of the brain for recall is still strong.... The book builds confidence that one can still communicate effectively and places you more at ease."

The book also includes commonly used texts, such as the lyrics of the national anthem or the words to the Lord's Prayer, that can help people rejoin the world by, for instance, attending a ball game or a church service with ease.

Dr. Wigh suggests buying the book—available for $13.95 at Augusta bookstores—as a gift for an elderly loved one, who might not have the means to shop.

"There is a magic feeling," a reader writes in a testimonial included in the book, "in getting a recollection from one word—a communication with the past—a feeling like touching."

Dr. Yu Honored for Research

Toni Baker

Dr. Jack C. Yu, director of the Craniofacial Center and chief of pediatric plastic surgery at the Medical College of Georgia, has received the 2000 Bernd Spiessel Research Award from the American Society of Maxillofacial Surgeons Research Committee and Synthes Maxillofacial Corporation.

Dr. Yu was honored for his research on bone formation titled "The Pattern of Intracellular Calcium Release and Cellular Strain Distribution in Cranial Sutures Under Physiological Tensile Stress: Towards a Theory of Cranial Morphogenesis."

Collaborators on the project include Dr. James L. Borke, associate professor of oral biology and maxillofacial biology in the MCG School of Dentistry; and Dr. Martha Abell, associate professor of mathematics, Dr. James Braselton, assistant professor of mathematics, and Dr. Matthew Williamson, assistant professor of anatomy and physiology, at Georgia Southern University.

Lectureship Honors Dr. McDonough

Deborah G. Steele

The former fellows trained by Dr. Paul G. McDonough, professor emeritus of reproductive endocrinology, infertility and genetics in the Medical College of Georgia Department of Obstetrics and Gynecology, have established a lectureship in his name.

"He's a very special person," said Dr. Sandra Tho, secretary/treasurer of the McDonough Society, founded in 1988 by the first 16 fellows trained by Dr. McDonough. "That's why we wanted to honor him."

The lectureship was announced during the annual meeting of the Paul G. McDonough Society in San Diego on Oct. 23 during the meeting of the American Society of Reproductive Medicine.

Dr. McDonough established a fellowship training program in reproductive endocrinology at MCG in 1975. The MCG program was one of the first of its kind nationally accredited by the American Board of Obstetrics and Gynecology. The program has trained 33 fellows under Dr. McDonough since its inception. Twelve have gone on to become directors of reproductive endocrinology programs at medical schools throughout the United States.

Dr. Leo Plouffe Jr., a former fellow, faculty member and immediate successor to Dr. McDonough as the chief of reproductive endocrinology, infertility and genetics at MCG, spearheaded the efforts to establish a permanent lectureship in Dr. McDonough's honor.

The lectureship funds will support speakers in the area of reproductive endocrinology and genetics for meetings of the McDonough Society and other functions.

Dr. Prisant Elected Fellow

Toni Baker

Dr. L. Michael Prisant, professor of medicine and director of the hypertension unit of the Medical College of Georgia Section of Cardiology, has been elected a fellow of the American Heart Association's Council on High Blood Pressure Research.

Fellowship recognizes a physician's excellence, innovation, leadership and commitment to the scientific mission of the council.

Dr. Prisant is a 1977 graduate of the MCG School of Medicine. He completed his internal medicine residency and cardiology fellowship at MCG and joined the faculty in 1982. He directs MCG's cardiology fellowship training program and is on the editorial board of the journals *Physicians and Computers*, *Blood Pressure Monitoring*, *Heart Disease: A Journal of Cardiovascular Medicine*, *Journal of Clinical Hypertension* and the *American Journal of Therapeutics*.

Alumnus Receives Community Service Award

Dr. William E. Silver, an Atlanta facial plastic surgeon and a 1963 graduate of the Medical College of Georgia School of Medicine, has received the 2000 Community Service Award from the Educational and Research Foundation of the American Academy of Facial Plastic and Reconstructive Surgery.

The award is presented annually to an academy member who provides and/or enables free medical service to the less fortunate in his community. The academy is the world's largest association of facial plastic surgeons.

Former Dean Dies

Dr. Walter Gowans Rice, dean of the Medical College of Georgia School of Medicine from 1960 to 1968, died Nov. 8 at age 88.

Dr. Rice, a native of Nigeria, earned his medical degree from the University of Toronto in 1938 and joined MCG as an associate professor of pathology in 1955. He was named professor in 1957. During his tenure as dean, he also served as medical director of MCG Hospital and Clinics.

Survivors include wife Phoebe Boyd Swan Rice, two daughters, seven grandchildren and one great-grandchild.

Dr. Lupien Receives Award for Helping Students

Katja Sipple

Dr. Alfred Lupien (above, left), associate professor and coordinator of the Medical College of Georgia Nursing Anesthesia Program, has received an award from the Georgia Association of Nurse Anesthetists for his innovative project to help students attend World Congress 2000.

The award was presented Jan.23 by Janice Izlar, the former association president. "We are particularly happy that we could honor him during the national CRNA (certified registered nurse anesthetist) week," she stated. Dr. Lupien's "Why 2K?" program raised funds for 20 of MCG's 22 nurse anesthetist students to attend the 6th World Congress of the International Federation of Nurse Anesthetists in Chicago last August.

The nursing anesthesia faculty had already pledged to pay the registration fee for each student who wanted to attend the congress, but Dr. Lupien carried the idea even further. "We thought that it would be a great idea to allow all students to attend at no or minimal cost to them," he said. He spearheaded the "Why 2K?" fund-raiser, soliciting contributions from students, faculty members, parents, friends, corporate sponsors and the Georgia Association of Nurse Anesthetists to help defray the total cost of $20,000.

"This was the first IFNA event in the United States, and for many of us, especially the students, it might have been a once-in-a-lifetime opportunity to attend a world congress," said Dr. Lupien. "Events like that not only increase public awareness of the oldest anesthesia profession in the country, it also makes American nurse anesthetists realize that we have international colleagues."

Dr. Lupien is a certified registered nurse anesthetist and a member of the American and Georgia Associations of Nurse Anesthetists. GANA recognized Dr. Lupien's efforts with an official banner from the World Congress 2000 in Chicago.

Grants Enhance Nursing Anesthesia Education

Deborah G. Steele

The Nursing Anesthesia Program at the Medical College of Georgia has received two grants totaling more than $750,000 to enhance the program and its evaluation tools.

A $747,368 grant awarded by the U.S. Department of Health and Human Services will be used to expand and enhance graduate programs

in nursing. According to Dr. Alfred Lupien, coordinator of the MCG Nursing Anesthesia Program, the grant will be used to strengthen the entry-level and certified registered nurse anesthetist-to-master of nursing programs.

In the entry-level program, faculty will extend their work in modeling pediatric simulation scenarios to maximize students' clinical experiences. "Typically, students go to clinical areas for experience. Now, because of educational tools like high-fidelity simulation and virtual reality, nurse anesthetists can gain clinical experience before they care for real patients," said Dr. Lupien. "More importantly, through simulation we can be assured that all students experience a comprehensive set of common and/or potentially catastrophic events before they graduate and become certified. This is a huge step toward public accountability."

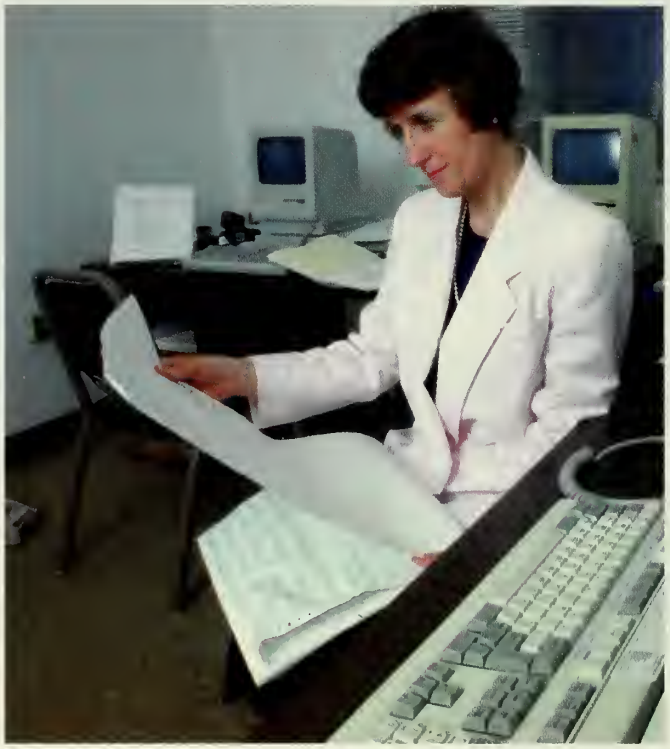
With the aging population and increased demands for anesthesia services, nurse anesthetists are in higher demand than ever, Dr. Lupien said. Technological advances are helping program coordinators better meet those needs. For instance, because of the program's Web-based courses and video-conferencing, nurse anesthetists in rural communities or other areas outside of Augusta can now earn their master of nursing degree via MCG's newly created CRNA-to-MN program without leaving their home or job.

"One of the major issues in continuing the education of current nurse anesthetists is that many CRNAs practice in rural areas. Since nurse anesthetists may be the sole anesthesia providers in their community, it's impractical for them to come to Augusta or Athens to get their degree," said Dr. Lupien, adding that only since 1999 have graduating nurse anesthetists been required to hold a master of nursing degree. "It is essential to deliver this degree-completion program to nurse anesthetists in their communities and make the courses useful for CRNAs in their own unique practice settings."

A $4,700 grant from the American Association of Nurse Anesthetists Foundation will be used to evaluate the mental demands of nurse anesthetists. "At the end of 1999, the National Science Foundation's Institute of Medicine reported on the significance of human errors in health care. We've known about the impact of provider error for a long time," said Dr. Lupien. "The practice of anesthesia is more than just physiology and pharmacology; there's also a human component.

"How much of a person's brain is being used at any specific time—mental workload—needs to be assessed," he added. "Before we can talk about other human factors such as vigilance or fatigue, we have to know what's going on in the brain."

MCG nursing anesthesia faculty will evaluate tests used in other high-risk and high-stress professions to measure mental workload. They will administer the tests to volunteer practitioners and determine which is most effective for use among nurse anesthetists.



Dr. Wright, Nursing School Chairwoman, Dies

Katja Sipple

Dr. Lore K. Wright, professor and chairwoman of the Department of Mental Health and Psychiatric Nursing at the Medical College of Georgia School of Nursing, died Jan. 31 at MCG Hospital.

A native of Kohlberg, Germany, Dr. Wright had received her nursing diploma from Stockton & Thornaby Hospital School of Nursing, England. She had a bachelor's degree from West Michigan University, a master's degree from Wayne State University and a doctorate from the University of Georgia. In addition, she had completed postdoctoral training at Duke University. She was an elected fellow of the American Academy of Nursing and a member of Sigma Theta Tau and the Gerontological Society of America.

At MCG, Dr. Wright researched the interaction of Alzheimer's patients with caregivers and family members as well as the disease's effects on care givers. Her book, *Alzheimer's Disease and Marriage,* included intervention guidelines for professionals and family care givers. She published numerous theoretical and empirical articles in professional journals and chapters in textbooks.

Her research work became the foundation for the conceptual development and empirical testing of "Telehealth" interventions by advanced practice nurses. Her contributions were recognized by the American Nurses Association, the Council of Nurse Researchers with the Outstanding New Investigator Award, the Southern Nursing

Research Society with the D. Jean Wood Award for Nursing Scholarship and MCG with the E. Louise Grant Scholar Award.

Dr. Wright had also been very involved in educating the public through articles, Web sites and radio and television programs. She was an active member of the educational committee of the local Alzheimer's Association and conducted workshops and care giver support groups.

"Dr. Wright loved academic life and was devoted to her students and colleagues and we strongly feel her loss," said Dr. Gerald Bennett, interim dean of the School of Nursing. "At the same time her commitment inspires us to keep working and always aim for improvement." She is survived by her husband, W. Victor Wright, a son, Alex Wright of Philadelphia, and three brothers.

Nursing Students Elected Officers of Association

Several Medical College of Georgia nursing students have been elected to office in the Georgia Association of Nursing Students.

Katie Orr on the school's Athens campus has been named president. Wilson Bernales on the school's main campus has been named second vice president. Amanda Parnacott, also on the main campus, has been named east district director. Amy Kesler on the main campus has been named to the East District Nominating and Elections Committee and Kelly Know on the Athens campus has been named director of Breakthrough to Nursing. She will work with colleges and universities to help recruit potential nursing students.

Advisors are MCG School of Nursing faculty members Julie Behr, Dr. Debbie Hatmaker, Dr. Patricia Rikli and Rebecca Rule.

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